

## **Introduction To Change of Level Criteria**

At our last meeting while thinking about the criteria for “admissions” and “discharges” to the various levels of care, I began to wonder if there weren’t general principles governing movement within the system – whatever the initial level, and whether the movement was to more or to less intensity.

Not really knowing whether it would be useful or not to pursue this line of thinking (I had suspicions it might just be restating the obvious), I decided to see where it would take me. The result is the attached table.

In some ways it does state the obvious, but there is a surprise in it for me, and two other potential benefits.

I was surprised to see that the table could be a very useful way to monitor the state or health of the overall system. The table essentially characterizes the relationship of a patient with the system - which can be going well as in rule # 11, or very poorly as in rule # 4 or # 18. The quantitative distribution of the system’s patients over the rules would tell us how we are doing, and what needs fixing. It quantifies the interaction and flow, rather than simply how much of this or that we have.

The first potential benefit is that it demonstrates the complexity of the obvious, and therefore could be useful in helping clinicians across the system to have a common language to describe a situation and develop goals for it.

Finally the table may foster a conversation that leads to a description of the obvious for all of our experiences, and not just mine.

## **A Few Notes About Using The Table**

The terms: “Adequate Safety”, “Balanced Intensity of Treatment” (not too much, or too little), and “Collaborative Relationship” are left undefined at a systems level. They are defined at an individual patient level by the people intimately involved with the situation: patient, current care provider(s), and potential care provider(s).

The left hand column lists six properties of the relationship between the patient and their care providers. Each logically consistent combination of the presence or absence of that property results in a “rule” numbered 1 to 23. The rule can be read in the attached “Rules” document.

Finally there is the document titled “System Monitoring Notes”. This simply lists which rules represent a situation that are not only high priority to fix from a particular patient’s point of view, but also from a systemic point of view if the rule represents a large number of people.